"This summary of 510(k) safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1990 and 21 CFR 807.92(c)."

"The assigned 510(k) number is: **¥120797** ." (applicant leave blank)

Premarket Notification [510(k)] Summary

[(a)(1)]. The summary contains on the first page, preferably on your letterhead paper, the submitter's name, address, phone and fax numbers, name of contact person, and date the summary was prepared:

Submitter's name:

Shandong Shouguang KingLiYuan Medical Apparatus &

Instrument Co., Ltd

Submitter's address:

North of Xinhua Road & West of Dajiu Road, Houzhen

Project Concentration Zone, Shouguang City, Weifang

City, Shandong Province, China

Phone number:

(86)536-5399866

Fax number:

(86)536-5399990

Name of contact person:

Mr. Hao Feng

Date the summary was prepared:

Mar. 13th, 2012

[(a)(2)]. The name of the device, including the trade or proprietary name if applicable, the common or usual name, and the classification name, if known

Device Name:

Powder Free Vinyl Patient Examination Gloves, Clear (non-

colored)

Proprietary/Trade name:

Powder Free Vinyl Patient Examination Gloves

Common Name:

Patient examination glove

Classification Name:

Patient examination glove

Device Classification:

I

Regulation Number:

21 CFR 880.6250

Panel:

General Hospital (80)

Product Code:

LYZ

[(a)(3)]. An identification of the legally marketed device to which your firm is claiming substantial equivalence.

Class I* Powder Free Vinyl Patient Examination Gloves, Clear (non-colored) that meets all of the requirements of ASTM standard D 5250-06.

Predicate device: FUGUAN (Brand) Powder-Free Vinyl Patient Examination Gloves, Shijiazhuang Fuguan Plastic Products Co., Ltd., K032908.

[(a)(4)] A description of the device

[(a)(5)] The summary describes the intended use of the device

Device Intended Use: Powder Free Vinyl Patient Examination Gloves, Clear (non-colored) is a disposable device intended for medical purposes that is worn on the examiner's hand or finger to prevent contamination between patient and examiner.

[(a)(6)] A summary of the technological characteristics of new device compared to the predicate device.

The powder free vinyl patient examination gloves, non sterile are summarized with the following technological characteristics compared to ASTM or equivalent standard.

Characteristics	Standard	Device performance		Result of comparison
Characteristics	Standard	Predicate device	Subject device]
Dimension	ASTM standard D 5250-06	Meets	Meets	substantial equivalence
Physical Properties	ASTM standard D 5250-06	Meets	Meets	substantial equivalence
Freedom from pinholes	21 CFR 800.20	Meets	Meets	substantial equivalence
Powder Residual	ASTM standard D 5250-06	Meets	Meets	substantial equivalence
	and D6124-06	<2mg/glove	<2mg/glove	
	Primary Skin Irritation in	Passes	Passes	
Biocompatability	rabbits	Not a Primary Skin Irritation	Not a Primary Skin Irritation	substantial equivalence
	Dermal sensitization in	Passes	Passes	substantial equivalence
	the guinea pig	Not a Dermal sensitization	Not a Dermal sensitization	

[(b)(1)] A brief discussion of the non-clinical testing data that was submitted, referenced or relied on to demonstrate that the Subject Device is safe and effective, and whose performance meets the requirements of its pre-defined acceptance criteria and intended uses.

Powder Free Vinyl Patient Examination Gloves, Clear (non-colored)meet requirements per ASTM D5250-06, per ASTM D6124-06, per 21 CFR 800.20 and ISO10993-10. , it is safe and effective, and it's performance meets the requirements of its pre-defined acceptance criteria and intended uses.

[(b)(2)] A brief discussion of the clinical submitted, reference, or relied on in the premarket notification submission for a determination of substantial equivalence.

Clinical data is not needed for gloves or for most devices cleared by the 510(k) process.

[(b)(3)] The conclusions drawn from the nonclinical and clinical tests that demonstrate that the device is as safe, as effective, and performed as well or better than the legally marketed device identified in (a)(3).

It can be concluded that the Powder Free Vinyl Patient Examination Gloves meet the ASTM standard or equivalent standard and FDA requirements for waterleak test on pinhole AQL., meet labeling claims. It is as safe, as effective, and performed as well the legally marketed device identified in (a)(3).







Food and Drug Administration 10903 New Hampshire Avenue Document Control Room –WO66-G609 Silver Spring, MD 20993-0002

Shandong Shouguang Kingliyuan Medical Apparatus & Instruments C/O Mr. Kevin Xu
Dynasco America, Incorporated
916 West 21st Street
Chicago, Illinois 60608

JUL 2 7 2012

Re: K120797

Trade/Device Name: Powder Free Vinyl Patient Examination Gloves,

Clear (Non-colored)

Regulation Number: 21 CFR 880.6250

Regulation Name: Patient Examination Glove

Regulatory Class: I Product Code: LYZ Dated: June 20, 2012 Received: July 2, 2012

Dear Mr. Xu:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to

http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Anthony D. Watson, B.S., M.S., M.B.A.

Director

Division of Anesthesiology, General Hospital, Infection Control and Dental Devices Office of Device Evaluation

Center for Devices and Radiological Health

INDICATIONS FOR USE

Applicant: Shandong Shougua	ng KingLiYuan M	ledical Apparatus & Ins	trument Co.,Ltd
510(k) Number (if known):_*	K12079	7	
Device Name: Powder Free Vi	nyl Patient Exami	nation Gloves, Clear (no	on-colored)
Indications For Use:		•	•
Powder free vinyl patient exa			
patient and examiner.			
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Prescription Use (Part 21 CFR 801 Subpart D)	AND/OR	Over-The-Counter U	seX 801 Subpart C)
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(PLEASE DO NOT WRITE BELOV	V THIS LINE-CONTI	NUE ON ANOTHER PAG	E IF NEEDED)
Conc	currence of CDRH, C	Office of Device Evaluation	(ODE)
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Division	on Sign-Off) n of Anesthesiolog on Control, Dental [y, General Hospital Devices	
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510(k) Number: <u>K120797</u>